

CR NUMBER <i>20-6822</i>	ACCIDENT DATE <i>4-23-20</i>	ACCIDENT TIME <i>1928</i>	DAY OF WEEK <i>THU</i>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <i>479 Brentwood Dr. (Parking Lot)</i>			WEATHER <i>Cloudy</i>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB <i>Unknown</i>			
ADDRESS		ADDRESS		
CITY, STATE, ZIP	PHONE NUMBER		CITY, STATE, ZIP	
DRIVER'S LICENSE NUMBER		DRIVER'S LICENSE NUMBER		
STATE		STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <i>Unknown</i>			
ADDRESS <i>479 Brentwood Dr.</i>		ADDRESS		
CITY, STATE ZIP	PHONE NUMBER		CITY, STATE, ZIP	
<i>Kent OH 44240</i>				
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR <i>Unknown</i>			
<i>2018 Ford EcoSport Blue</i>				
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
<i>HTP9858 OH</i>				
INSURANCE COMPANY <i>Allstate #992351867</i>		INSURANCE COMPANY		
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <i>side scratches</i>	<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<i>Unit 1 was parked on the north side of the building at 479 Brentwood Dr. Sometime between 4-21-20 at 2000 hrs and 4-23-20 at 1700 hrs, unit 1 appeared to have been sideswiped, owner of unit 1 stated she spoke with management about reviewing surveillance footage and she is waiting for a response.</i>				
		SKETCH HOW ACCIDENT OCCURRED <i>Not to scale</i> 		INDICATE NORTH BY ARROW
OFFICER /SUPERVISOR SIGNATURE <i>Pt. Hadaway 216 / Lt. Ennos</i>				

#229